

FIREWORK-TEMPORARY BUSINESS LICENSE						
ATTACHMENTS						
	Firework	ework - Temporary Business License Application				
	Bountiful City Code - Chapter 10 and Chapter 12					
Bountiful City Land Use - Chapter 17-111 thru 117						
	Fire Ins	pection Report from South Davis Metro Fire Agency				
	Utah.gov	Phone/Address Information				
	Bountifu	l City Fireworks Restriction Map				
BOUNTIFUL CITY WILL NEED THE FOLLOWING BEFORE CITY BUSINESS LICENSE IS ISSUED:						
FEES:		\$125 per location and event for Firework Business License \$300 Refundable Bond - Returned upon inspection of the cleanup of site				
CITY FORM:		Temporary - Firework Business Application				
BUSINESS NAME:		Name Registration Certificate				
SITE PLAN:		Site Plan and Letter of Permission from property owner.				
INSURANCE:		Liability Insurance form shall be in the sum not less than \$2,000,000/\$2,000,000 for bodily injury and /or property damage.				
INSPECTION:		Fire Inspection Approval with South Davis Metro Fire Agency				
STEPS	√	FORMS/APPROVAL				
1.		Letter of Permission from property owner.				
2		Site Plan with the location of the tent and storage container drawn on. (Hand written drawing to scale is acceptable)				
3						
4		Bountiful City Firework Application with both application fee and bond fee. (Both fees can be added together on one check AND multiple locations can be added together on one check.)				
5		Fire Inspection approval. South Davis Metro Fire (801)-677-8109 OR Call Bountiful City Planning Dept to schedule appt time (801) 298-6190				



Date Received	
Application Approval - Planning Director	
Insurance Approval - City Attorney	
Fire Inspection Approva	

LICENSE FEE: \$125.00 BOND FEE: \$300.00

FIREWORKS APPLICATION- TEMPORARY BUSINESS LICENSE

Please Complete All Items - Incomplete Forms Will Be Returned Without Being Processed

1.	NAME OF BUSINESS				
		END DATE			
2.	BOUNTIFUL BUSINESS ADDRESS	S			
	City & State				
	Contact Name	Phone #			
	Bond Returned to				
3.		S TAX NO			
4.	\$2,000,000/\$2,000,000 for bodily	NCE – Shall be in the sum of not less than y injury and or property damage. Please attach a copy of naming BOUNTIFUL CITY as an additional insured.			
5.	OWNER'S NAME AND HOME ADD	ORESS (If corporation, list principal Officers)			
	Name	Name			
	Street	Street			
	City & State	City & State			
	Zip Telephone	ZipTelephone			
	MANAGER'S NAME	Telephone			
	EMERGENCY CONTACT	Telephone			
6.	I DECLARE THAT THE INFORMATION SET FORTH HEREIN (or attached) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
	Signature of Applicant	Date			
	Position at Company				